




Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

(must match the Letter of Intent for this project, without exception)		
1. Project Location (attach additional pages as necessary to identify multiple project sites.)		
Title of Proposed Project Loch Haven Nursing Home (SNF) Renovation/Modernization		Project Number 4455 NS
Project Address (Street/City/State/Zip Code) 701 Sunset Hills DR Macon, MO 63552		County Macon
2. Applicant Identification (information must agree with previously submitted Letter of Intent)		
List All Owner(s): (list corporate entity)	Address (Street/City/State/Zip Code)	Telephone Number
Macon County Nursing Home Dist.	PO Box 187 701 Sunset Hills DR Macon, MO 63552	660-385-3113
List All Operator(s): (list entity to be licensed or certified)		
Macon County Nursing Home Dist.	PO Box 187 701 Sunset Hills DR Macon, MO 63552	660-385-3113
3. Ownership (Check applicable category)		
<input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Individual <input type="checkbox"/> City <input checked="" type="checkbox"/> District <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> County <input type="checkbox"/> Other: _____		
4. Certification:		
In submitting this project application, the applicant understands that: (A) The review will be made as to the community need for the proposed beds or equipment in this application; (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area; (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute; (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months; (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.		
We certify the information and data in this application as accurate to the best of our knowledge and belief by our representative's signature below:		
5. Authorized Contact Person (attach a Contact Person Correction Form if different from the Letter of Intent)		
Name of Contact Person BYRON L FREEMAN		Title ASSISTANT ADMINISTRATOR
Telephone Number 660-385-3113	Fax Number 660-385-2838	E-mail Address byrnfreeman@yahoo.com
Signature of Contact Person 		Date of Signature 3-4-2010



Certificate of Need Program

REPRESENTATIVE REGISTRATION(A registration form must be completed for **each** project represented)

Project Name		Number
Loch Haven Nursing Home (SNF) Renovation/Modernization		4455 NS
(Please type or print legibly)		
Name of Representative		Title
Byron L Freeman		Assistant Administrator
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)		Telephone Number
Loch Haven Nursing Home		660-385-3113
Address (Street/City/State/Zip Code)		
PO Box 187		
701 Sunset Hills DR, Macon, MO 63552		
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)		
Name of Individual/Agency/Corporation/Organization being Represented		Telephone Number
Macon County Nursing Home District		660-385-3113
Address (Street/City/State/Zip Code)		

PO Box 187, 701 Sunset Hills DR, Macon, MO 63552

Check one. Do you:

☒ Support☐ Oppose☐ Neutral

Other information:

Relationship to Project:

☐ None☒ Employee☐ Legal Counsel☐ Consultant☐ Lobbyist☐ Other (explain):

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.

Original Signature

Date

3-4-2010



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PROPOSED PROJECT BUDGET**Description****Dollars**

(fill in every line even if the amount is "0")

COSTS:*

1. New Construction Costs ***	\$ <u>938,000.00</u>
2. Renovation Costs ***	<u>921,000.00</u>
3. Subtotal Construction Costs (#1 plus #2)	\$ <u>1,859,000.00</u>
4. Architectural/Engineering Fees	\$ <u>130,130.00</u>
5. Other Equipment (not in construction contract)	<u>35,000.00</u>
6. Major Medical Equipment	<u>0</u>
7. Land Acquisition Costs ***	<u>0</u>
8. Consultants' Fees/Legal Fees ***	<u>60,375.00</u>
9. Interest During Construction (net of interest earned) ***	<u>25,795.00</u>
10. Other Costs ****	<u>46,795.00</u>
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$ <u>298,095.00</u>
12. Total Project Development Costs (#3 plus #11)	\$ <u>2,157,095.00</u>

FINANCING:

13. Unrestricted Funds	\$ <u>0</u>
14. Bonds	<u>0</u>
15. Loans	<u>2,157,095.00</u>
16. Other Methods (specify)	\$ <u>0</u>
17. Total Project Financing (sum of #13 through #16)	\$ <u>2,157,095.00</u>
18. New Construction Total Square Footage	<u>8,956</u>
19. New Construction Costs Per Square Foot *****	\$ <u>104.73</u>
20. Renovated Space Total Square Footage	<u>17,514</u>
21. Renovated Space Costs Per Square Foot *****	\$ <u>52.59</u>

* Attach additional page(s) to provide details of how each line item was determined, including all methods and assumptions used.

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.

DIVIDER II. PROPOSAL DESCRIPTION.

1. PROVIDE COMPLETE DETAILED PROJECT DESCRIPTION

Macon County Nursing Home District operates Loch Haven Nursing Home, a Medicare/ Medicaid skilled nursing facility licensed for 180 residents. The original skilled facility was built in 1970 licensed for 83 residents. A 20 bed addition was added in 1974. In 1977 another 17 beds were added. The last addition in 1983 was 60 beds. For a number of years occupancy was consistently in the 90-95% range.

With changes in consumer expectations, additional home health service availability, and growth of assisted living and residential care facilities, we began to see a decline in consumer demand for semi-private rooms.

Our facility was designed with only eight private rooms. Accommodations for the other 172 residents were semi-private rooms. Gradually we began to use semi-private rooms as private rooms to meet the needs of our community. We did not make any structural modifications in those rooms. One of the main objections to this plan was that they continued to share toilet facilities with the next door resident. Also there were no private bathing facilities.

With the age of our resident rooms ranging from 27 to 40 years we believe this is the appropriate time to make structural changes that will meet the needs of our residents for years to come.

The Centers for Medicare and Medicaid services has issued directives to certified facilities to create a more home like environment. The "Culture Change" movement is directed toward creating a more person-centered care approach. We are keeping this directive in mind with all our proposed changes. Our existing floor plan is very much like that of hospitals built in the 1970's.

We plan to convert 18 of our semi-private rooms to private rooms. Each room will have its own shower, toilet and lavatory.

In two of the nursing units we will also remove the existing nurses' stations that are built on a hospital model. We will renovate those areas to make more home-like seating areas for residents and guests. The nurses' work stations will be minimized and moved to less visually prominent areas.

To compensate for the loss of beds from this renovation we will construct a 12 bedroom cottage adjacent to the nursing home that will be licensed for skilled nursing under Medicare and Medicaid. It will be patterned after existing Green House and Small House projects that are in operation in other areas of the United States.

Further our dining room was expanded several years ago to accommodate the larger number of residents, but there is no natural light in most of the area and the eight foot ceilings makes the room feel dark and drab in spite of best efforts at decorating.

Our renovation plans for the dining room will include installing three dormers in the ceiling of the dining room to allow natural light to enter the space and creating a sense of spaciousness. We will remodel the existing dietary office and storage areas to allow increased efficiencies.

(Divider II, 1 cont)

The final area of renovation is the **front entry** where we plan to install an additional set of doors to reduce the loss of heat and air-conditioning. We will also re-design our reception area to create a more open and inviting atmosphere.

2. PROVIDE PRELIMINARY SCHEMATIC DRAWINGS FOR THE PROPOSED PROJECT
(See attached schematic drawing)

3. PROVIDE THE EXISTING AND PROPOSED GROSS SQUARE FOOTAGE.

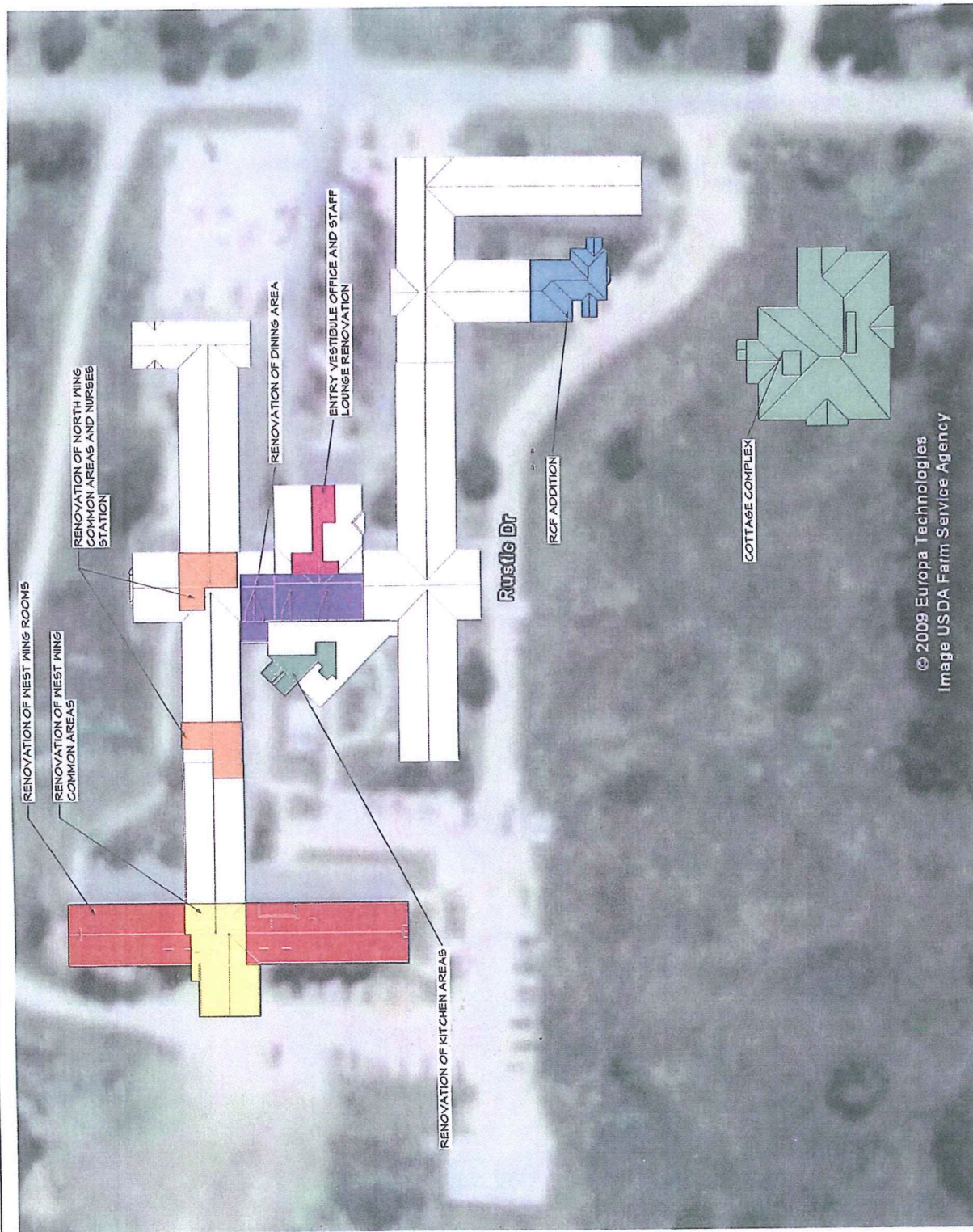
Existing gross square footage: 65,894

Proposed gross square footage: 74,850

4. DOCUMENT OWNERSHIP OF THE PROJECT SITE.
(See attached Commissioner's Deed) The land for Macon County Nursing Home District projects was purchased from Macon County in August 1967.

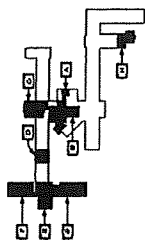
DIVIDER II

#2



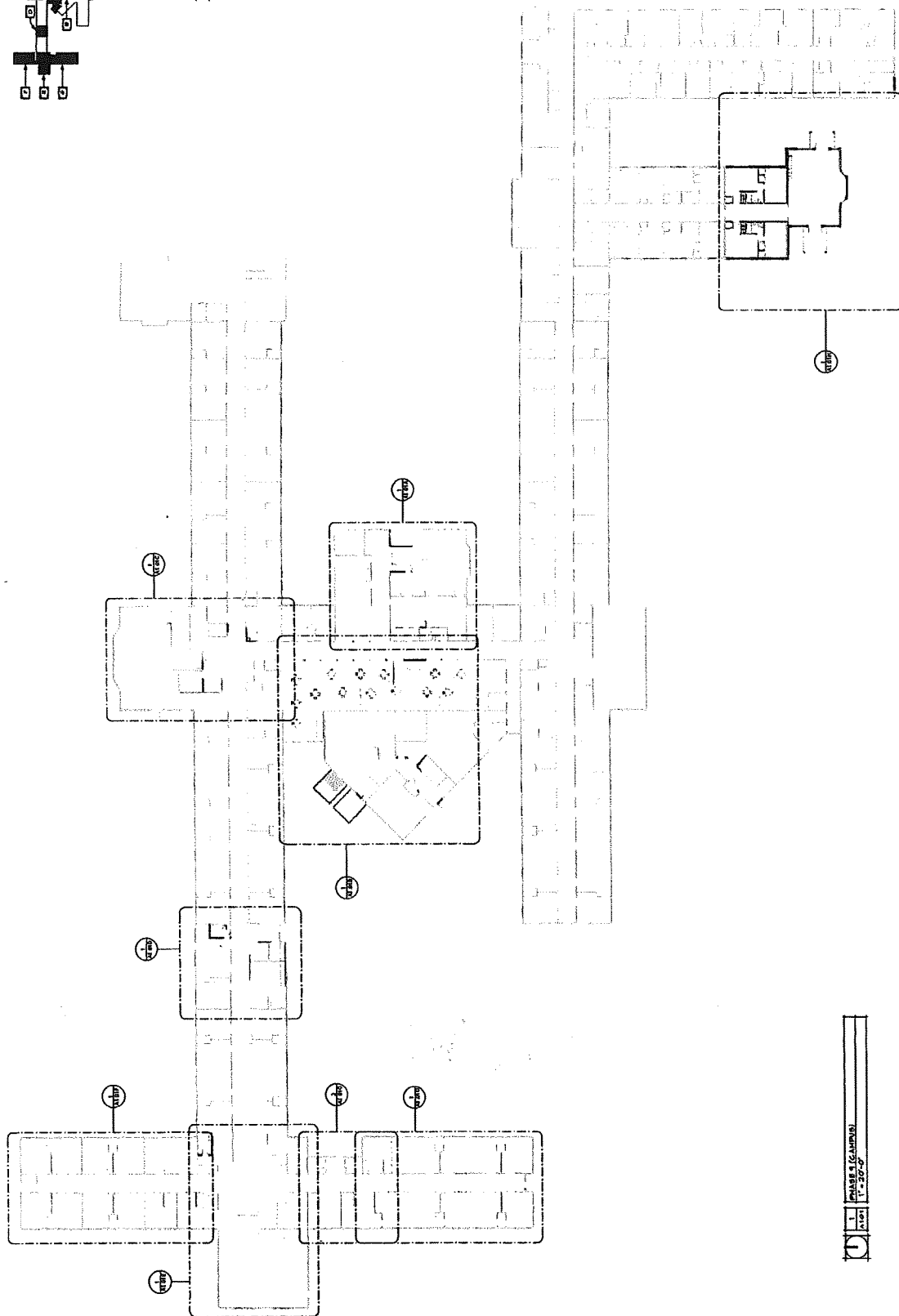
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Image USDA Farm Service Agency

Robert Rollings Architects LLC
1806 West Broadway
Sedalia, MO 65301
Phone: 660.829.9151
Fax: 660.829.9152



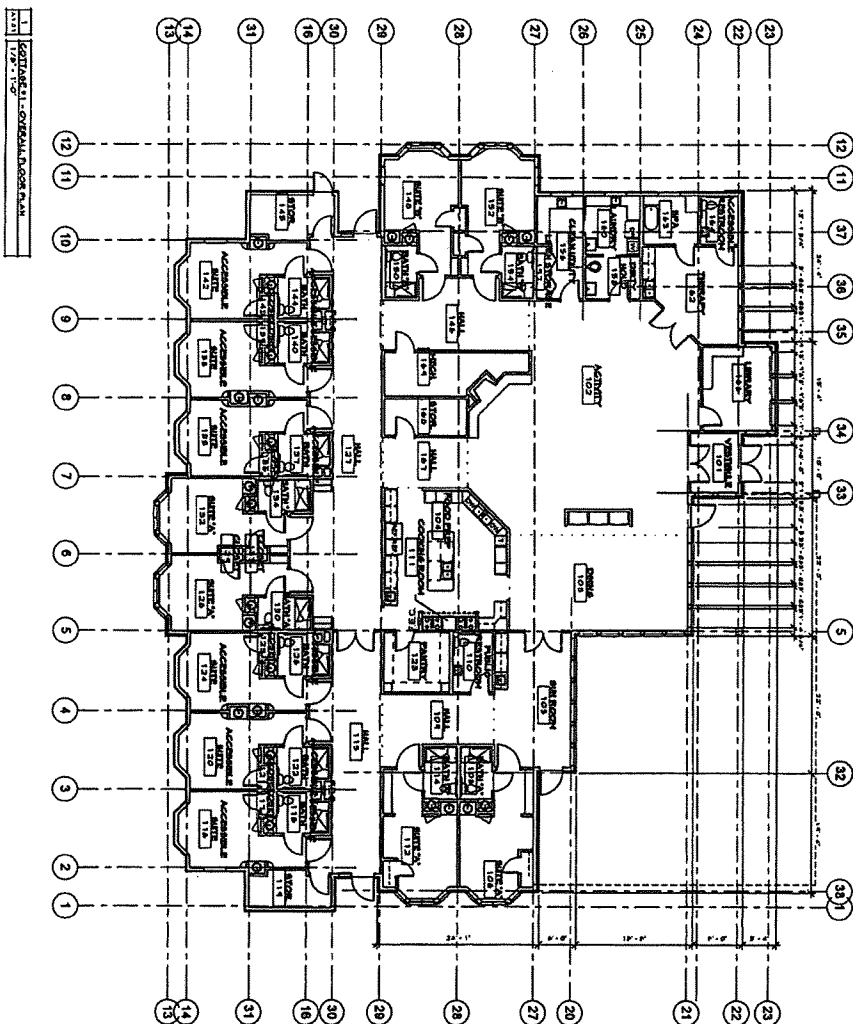
DIVIDER II

#2



**Robert Rollings
Architects LLC**
1806 West Broadway
Sedalia, MO 65301
Phone: 660.829.9751
Fax: 660.829.9752

#2



1	CENTAGE 1 - OVERALL DECK PLAN
1/8" = 1'-0"	

Robert Rollings Architects LLC
606 West Broadway
Seattle, WA 98104
Phone: 460.619.9750
Fax: 460.619.9755

PRELIMINARY.
NOT FOR
CONSTRUCTION

REQUEST FOR PROPOSALS: **ISSUANCE OF
 ADMINISTRATIVE AUTHORITY
 TO APPROVE ADDITIONAL
 SITES/TECH**
 REQUEST FOR PROPOSALS: **ISSUANCE OF
 ADMINISTRATIVE AUTHORITY
 TO APPROVE ADDITIONAL
 SITES/TECH**

[illegible]

LOCH HAVEN
NURSING HOME -
COTTAGE #1

701 SUNSET HILLS
DRIVE
MACON, MO. 65552

COLLAGE #1 -
OVERALL FLOOR
PLAN

A1.01

20.106

COMMISSIONER'S DEED

1380

The State of Missouri, to all who shall see these Presents Greeting:

WHEREAS, at the August Term, A. D. Nineteen Hundred and Sixty-seven of the County Court of Macon County, State of Missouri, said Court made an order appointing the undersigned Commissioner to convey by Deed, under his hand and seal, to the purchaser, the land hereinafter described

belonging to said County, and all the right, title, interest and estate which the said County has of, in and to the same upon the payment in full by said purchaser, of the purchase money, with all interest that might be due thereon.

~~AND WHEREAS,~~

~~on the _____ day of _____, A. D. _____, became the purchaser of the following tract or parcel of land, situated in the County of _____, Missouri, and for the price and sum of _____ DOLLARS, and _____ Cents per acre.~~

Said land herein conveyed being described as follows, to wit:
The East 28 acres of the Northeast Quarter of the Southwest Quarter of Section Seventeen (17), Township Fifty-seven (57), North, Range Fourteen (14) West, except One (1) acre being 132 feet North and South by 330 feet East and West in the Northeast corner thereof and also except a 30 foot strip along the entire East side of the above described 28 acres, said entire tract being more particularly described as follows: Beginning at a point 132 feet South and 30 feet West of the center of Section Seventeen (17), Township Fifty-seven (57), North, Range Fourteen (14) West, in Macon County, Missouri, thence South 1190.4 feet to a point, thence West 884.2 feet to a point, thence North 1314.5 feet to a point, thence East 582 feet to a point, thence South 132 feet to a point, thence East 330 feet to the place of beginning, all in Macon County, Missouri.

AND WHEREAS, on the 21st day of March, 1967, the County Court of Macon County agreed to sell for the amount of \$1,500 the land hereinabove described to the Macon County Nursing Home District of Macon County, Missouri;

AND WHEREAS, on the 11th day of October, 1967, the County Court of Macon County, Missouri, made an order directing the undersigned Commissioner to execute to said Macon County Nursing Home District an appropriate deed



conveying the premises hereinafore described upon the payment by said
Macon County Nursing Home District of the amount of \$1,000 to the County
of Macon.

NOW, THEREFORE, In consideration of the premises and of the sum of one thousand five hundred ^{no}/₁₀₀ DOLLARS,
One Thousand Five and 00/₁₀₀ paid by the said Macon County Nursing Home District
I, Lilburn Davis, Commissioner for and on behalf of the

County aforesaid, have sold and conveyed, and do by these presents Sell and Convey in Fee Simple, unto the said
Macon County Nursing Home District, a body corporate, and Charles Lampo
Claire Linn, Lyndell Jones, Gilbert Laytham, George Wisdom, and Harley Smith,
the board of directors, and their successors and assigns,

all the right, title, interest and estate that the County of Macon has of, in and
the Real Estate above described, TO HAVE AND TO HOLD THE SAME, with the appurtenances, unto the said

Macon County Nursing Home District, a body corporate, and Charles
Lampo, Claire Linn, Lyndell Jones, Gilbert Laytham, George Wisdom, and Harley
Smith, the board of directors, in Fee Simple, and to
their successors and assigns forever.

IN WITNESS WHEREOF, I, Lilburn Davis

Commissioner as aforesaid, have hereunto set my hand, at Macon

in said County, the 11th
day of October, 1967.

Lilburn Davis
Commissioner

STATE OF MISSOURI,

County of MACON ss.

BE IT REMEMBERED, That Lilburn Davis, Commissioner

who is personally known to the undersigned, a Notary Public

within and for said County, to be the person whose name is subscribed to the within Deed, as a party thereto, this day ap-
peared before me, and acknowledged that he executed and delivered the same as his voluntary act and deed, as Commissioner,
for the uses and purposes therein contained.

WITNESS my hand and official seal, this _____ day of

1967.

Done at Macon, in the County aforesaid.

I do hereby certify that this deed was filed
for record 11 1967

at 10 O'Clock and 07 minutes AM

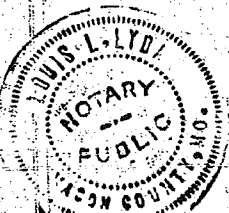
and is recorded in book 222 at page 42

In Records Office Macon County Missouri

James M. Thompson
Recorder of Deeds Macon, Co. Mo.

Deputy Recorder

Recorder's Fees 2.00 per not. to Hand & Callin



100
PAGE
400
BOOK

Divider III. – Community Need Criteria and Standards

1. INDICATE WHETHER THE PROPOSED PROJECT IS NEEDED TO COMPLY WITH CURRENT FACILITY CODE REQUIREMENTS OF LOCAL, STATE OR FEDERAL GOVERNMENTS.

These renovations are not needed to comply with current facility codes although Centers for Medicare and Medicaid Services (CMS) has given several directives to facilities as to how "culture change" and "person centered care" will be evaluated.

A directive from CMS dated June 19, 2009 states:

"Beginning June 12, 2009, nursing home surveys will be conducted with a sharpened focus on resident rights in key areas such as:

- Ensuring they live with dignity;
- Offering choices in care and services;
- Accommodating the environment to each of their needs and preferences; and
- Creating a more homelike environment –including access for visitors. "

...."These groundbreaking revisions matter in the daily lives of people who live in the nation's long-term care facilities," said CMS Acting Administrator Charlene Frizzera. "The improvements in the guidance are intended to support efforts underway to transform nursing homes into environments that are more like their homes through both environmental changes and resident-centered caregiving."

"The new guidance also calls on nursing homes to de-institutionalize their physical environments. The guidance highlights institutional practices that facilities should strive to eliminate including meals served on institutional trays and noise from overhead paging systems, alarms and large nursing stations."

2. INDICATE WHETHER THE PROPOSED PROJECT IS NEEDED TO MEET REQUIREMENTS FOR LICENSURE, CERTIFICATION, OR ACCREDITATION, WHICH IF NOT UNDERTAKEN, COULD RESULT IN A LOSS OF ACCREDITATION OR CERTIFICATION.

At present there are no conditions which, if not changed, might result in loss of licensure, certification or accreditation. However, we anticipate that some of the recommendations for environmental changes may become conditions of participation in Medicare and Medicaid programs.

3. DESCRIBE ANY OPERATIONAL EFFICIENCIES TO BE ATTAINED THROUGH RECONFIGURATION OF SPACE AND FUNCTIONS.

- a. Residents having private rooms with complete baths can be cared for more efficiently in their own rooms rather than going to a common bathing area. Each individual can then set up their bathroom as they would in their own home.
- b. Resident safety is enhanced by private rooms. Immediate access to a private toilet can reduce incidence of incontinent episodes. Incontinent episodes can often lead to a slip and fall from urine on the floor. It also eliminates the possibility of falling over items placed in pathways in the room by a roommate.
- c. Individual privacy may lead to more autonomy in actions and greater likelihood of the residents requesting to have needs met.

- d. Nurses' stations will be minimized and re-located to more central areas on the unit. This will enhance communication and increase line of site observation. This could also decrease time to respond to resident needs.
- e. In the dining room/kitchen area the re-location of the beverage center and re-design of the offices will contribute to an improved flow of the work of the department.
- f. Front entry re-design is badly needed because our current design has only one set of automatic doors separating the interior of the facility from the outdoors. This means that each time the door opens the air temperature changes dramatically in the seating area in the front foyer. A second set of doors will mitigate this circumstance considerably. The re-location of the reception desk will make it easier for visitors to immediately be welcomed to the area.
- g. The 12 resident cottage will offer the same efficiencies as the private room renovation. In addition, there will be less time spent obtaining supplies for personal care because it will be kept in the resident room rather than in a storage area down a long hall. Medication cupboards in each resident room will eliminate many trips down the hall for the staff administering medications.
- h. The kitchen availability in the cottage will allow staff to quickly meet residents' individual food preferences.
- i. Residents residing in private rooms do not experience interruptions or delays in visiting with family or friends while the personal needs of a roommate are being met.
- j. Probability of spread of infection is reduced by private rooms as opposed to semi-private rooms.

4. Describe the methodologies used for determining need.

In deciding to build the cottage and also convert semi-private rooms to private rooms we have relied on the information that we have compiled over recent years regarding preferences for private rooms.

Also we have evaluated the great success of units we have established that have smaller numbers of residents. Most notably our Special Care Unit for Alzheimer's and other dementias and our residential care facility. The opportunities for personal relationships to develop between the residents, staff and family members are greatly enhanced.

We have also reviewed complaints of residents and noted that more than any one issue they relate to roommate incompatibilities. Among the areas of dispute are:

- 1. different preferences in television programs
- 2. different preferences in room temperature
- 3. each resident wants a window view
- 4. interruptions of visits for care to be provided for the roommate

Reviewing the literature for research relating to this topic only confirms our findings. An article in The Gerontologist, Vol 47, No 2, 169-183, 2007, The Gerontological Society of America, reviews several studies and concludes that the benefits of private rooms are many and varied.

Since implementing buffet dining we have evaluated the floor plan of the dining room and see the need to improve the flow of traffic for the buffet.

The main dining room has 8 foot ceilings and only two small windows to provide natural light. Design is not efficient for delivery of food by the popular buffet style. It is crowded and poorly lighted.

5. PROVIDE THE RATIONALE FOR THE REALLOCATION OF SPACE AND FUNCTIONS.

Changing practice patterns and consumer demand has made the current use of space inefficient. At this time we are faced with the dilemma of creating the most useful environment with the space and financial resources available. After many months of research and work with our financial consultants and architects we believe that this plan is the best solution to our current situation.